

MEDICATION ADMINISTRATION LOG FOR THE YEAR

Student Name: _____ **School:** _____ **Grade:** _____ **Teacher:** _____ **Room** _____

Medication: _____ **Physician:** _____ **School Year:** _____

Dose: _____ **Record date, time, and your initials in the box. Place initials and signature once on lines at bottom.**
Time to be Administered: _____ **Document treatment for low and high blood glucose results on the back or in student's health record.**

	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI
July																									
Aug																									
Sep																									
Oct																									
Nov																									
Dec																									
Jan																									
Feb																									
Mar																									
Apr																									
May																									
Jun																									

A = ABSENT R = REFUSED N = NO SCHOOL

Initials	Signature	Initials	Signature	Initials	Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____